

Amendments to the Specification:

On pages 1-2, lines 20-1, please replace the paragraph with the following amended paragraph:

Often the task of filling syringes with a radioactive medications or fluids is are assigned to one person who prepares at one time a large number of syringes for different departments or healthcare facilities in the region. Because large numbers of syringes are prepared, needle sticks are common and the amount of radiation exposure to the pharmacist or technician may exceed safety levels.

On pages 2 and 3, lines 13-2, please amend the paragraph with the following amended paragraph:

In order to keep the needle of a syringe sterile and to prevent accident needle sticks, the protective needle cap is carefully removed from the needle, referred to as de-capping, to fill the syringe and then carefully placed over the needle, referred to as re-capping, when the syringe is filled. An important skill mastered by the pharmacist and technician is the sequential movement of sequentially moving the hands and fingers to simultaneously hold the syringe, remove the protective cap, securely hold the large vial of radioactive medication or fluid at a suitable angle to withdraw fluid from the vial, insert the tip of the needle into the top seal or gasket on the vial at a suitable angle to prevent "coring", manipulate the syringe to withdraw the desired amount of radioactive medication or fluid from the vial, withdraw the needle from the vial, and then re-cap the needle. All of these acts must be accomplished repeatedly without accidentally sticking the pharmacist or technician with the needle or excessively exposing the pharmacists or technician's hands and fingers to radiation. Unfortunately, accidental needle sticks and excessive radiation exposure are

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On pages 6 and 7, lines 23-10, please replace the paragraph with the following amended paragraph:

As shown in In Figs. 2, 4, 6, and 7, and 4, a separate adaptor 40 attaches to the removable cap 30 and extends inward to into the bushing cavity 25. The adaptor 40 includes a cylindrical-shaped, large diameter main section 41 and an integrally formed, cylindricalshaped, small diameter, non-threaded neck section 43. The main section 41 includes external threads 42 that selectively connect to the internal threads 35 formed on a threaded adapter, receiving cavity 34 formed on the removable cap 30 shown in Fig. 2. During the assembly, the adapter 40 is attached to the removable cap 30 and the neck section 43 is longitudinally aligned and inserted into the void area 47 formed inside a bushing 46. The length of the neck section 43 is sufficient to press against a spring nut 52 later placed located inside the bushing 46. Formed centrally on the removable cap 30 and the adapter 40 are first and second small openings 33, 44, respectively, that form a needle cap passageway 50 designed to receive a standard needle cap 92.

On page 7, lines 11-21, please replace the paragraph with the following amended paragraph:

During assembly, The the bushing 46 is aligned longitudinally inside the bushing cavity 25. As shown more clearly in Fig. 4, formed inside the bushing 46 is an inward extending stop surface 48 upon which the spring nut 52 is disposed. When the removable cap 30 is attached to the body 12, the neck section 43 extends into the cavity 47 and holds to hold the spring nut 52 against the stop surface 48. When the needle cap 92 extends is inserted into the needle cap passageway 50, the tip of the needle cap 92 extends is inserted

1	into the center bore 53 on the spring nut 52. When the syringe 90 is rotated in a clockwise
2	direction, the spring nut 52 engages the tip of the needle cap 92 to de-cap the syringe 90.
3	When the syringe 90 is pulled outward, the needle cap 92 remains connected to the device 10
4	Later, when the needle is re-inserted into the needle cap passageway 50, pressed inward and
5	rotated in a counter-clockwise direction, the needle cap 92 reconnects to the syringe 90.
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